

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

25420

1. PLACE OF DEATH

County..... Registration District No. 781
 Township..... Primary Registration District No. 1000
 City St. Louis (No 5077 Washington Blvd..... St. _____ Ward _____)

File No. _____
 Registered No. 7232

2. FULL NAME Mary Hulbrink Levora

(a) Residence. No. _____ St. 12 Ward. Edwardsville Ills.
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. 1 mos. 14 da. How long in U.S., if of foreign birth? yrs. _____ mos. _____ da. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Divorced
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

John Levora

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2/10/1883

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
45 5 1

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) At home

(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Edwardsville, I.
 (STATE OR COUNTRY) Ills.

10. NAME OF FATHER Herman Hulbrink

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) Germany

14. INFORMANT Edna Levora
 (Address) 6175 Delmar Blvd

15. FILED 1929 Miss C Starkey
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-11-1928

17. I HEREBY CERTIFY, That I attended deceased from July 5, 1928, to July 11, 1928, that I last saw her alive on July 5, 1928, and that death occurred, on the date stated above, at 7 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

50 Carcinoma breast.

(duration) 2 yrs. 6 mos. _____ da.

CONTRIBUTORY (SECONDARY) 47

(duration) _____ yrs. _____ mos. _____ da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, _____

0 DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS _____

(Signed) Nelson Hawley, M. D.

July 11, 1928 (Address) 5321 Easton Ave

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL _____ DATE OF BURIAL _____

Edwardsville Ills. 7/11/28 19

20. UNDERTAKER _____ ADDRESS _____

Edwardsville Ills 6175 Delmar

K. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

THIS IS A PERMANENT RECORD

Nelson Hawley

5321 East

11th Ave